

Application

Mental Health Act 2014 (WA)

Application for Approval to Perform Psychosurgery s 417(1)

The applicant psychiatrist

Name

Mental Health Service

Postal address

Email address

Contact phone

The patient

Name

Postal address

Email address

Contact phone

Date of Birth

Day

Month

Year

Patient status

voluntary

involuntary

mentally impaired accused

Patient's lawyer/advocate/nominated person/support person(s)

Name

Postal address

Email address

Contact phone

Relationship to patient lawyer

advocate

nominated person

support person



Reasons why you are recommending psychosurgery be performed

[Empty text box for providing reasons for recommending psychosurgery]



Proposed treatment plan for the psychosurgery

Detailed description of the psychosurgery proposed to be performed

Name, qualifications and experience of the neurosurgeon who it is proposed will perform the psychosurgery:

Name and address of the place where it is proposed to perform the psychosurgery:

Responses to section 419 criteria

Whether the patient has given informed consent to the psychosurgery being performed as required by section 208(2)(a) of the Act?
Reasons why performing the psychosurgery has clinic merit and is appropriate in the circumstances
Explain why you consider all alternatives to performing psychosurgery that are reasonably available and likely to be of a sufficient and lasting benefit to the patient have been appropriately trialled with the patient but have not resulted in a sufficient and lasting benefit to the patient



Responses to section 420 criteria

(a) the views of any carer, close family member or other personal support person of the patient

(b) the consequences for the treatment and care of the patient of not performing the psychosurgery

(c) the nature and degree of any significant risk of performing the psychosurgery



(d) whether the psychosurgery is likely to promote and maintain the health and wellbeing of the patient

(e) any other things that the Tribunal may consider relevant to making the decision

Signature

Date

Please send your application to:

The Registrar
Mental Health Tribunal
PO Box Z5272
Perth St Georges Tce WA 6831

email: registry@mht.wa.gov.au

If you have any queries, please telephone the Registry staff on (08) 6553 0060

